



General Assembly

February Session, 2022

Raised Bill No. 360

LCO No. 2155



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING VARIOUS CHANGES TO UTILIZATION
REVIEW COMPANIES LICENSURE STATUTE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-591j of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2023*):

3 (a) No utilization review company shall conduct utilization review in
4 this state for a health benefit plan under the jurisdiction of the
5 commissioner unless it is licensed by the commissioner. All licenses
6 shall be renewed [on an annual basis] every two years.

7 (b) The [annual] license fee shall be [three thousand dollars] six
8 thousand dollars and shall be dedicated to the regulation of utilization
9 review, except that the commissioner shall be authorized to use such
10 funds as is necessary to (1) implement the provisions of sections 38a-
11 91aa to 38a-91tt, inclusive, and (2) contract with The University of
12 Connecticut School of Medicine to provide any medical consultations
13 necessary to carry out the commissioner's responsibilities under this
14 title with respect to consumer and market conduct matters.

15 (c) The request for licensure or renewal shall include the name,
 16 address, telephone number and normal business hours of the utilization
 17 review company, and the name and telephone number of a person for
 18 the commissioner to contact. Any material changes in the information
 19 filed in accordance with this subsection, or any material change to
 20 approved policies, procedures, sample letters or change in clinical
 21 criteria for behavioral health shall be filed with the commissioner not
 22 later than thirty calendar days after the change.

23 (d) The commissioner shall receive and investigate all grievances
 24 filed against utilization review companies by a covered person. The
 25 commissioner shall code, track and review all grievances. The
 26 commissioner may impose such penalties as authorized, in accordance
 27 with section 38a-591k.

28 (e) In the absence of any contractual agreement to the contrary, the
 29 covered person or the covered person's authorized representative shall
 30 be responsible for requesting certification and for authorizing the
 31 covered person's treating health care professional to release, in a timely
 32 manner, all information necessary to conduct the review. A utilization
 33 review company shall permit the covered person, the covered person's
 34 authorized representative or the covered person's treating health care
 35 professional to assist in fulfilling that responsibility.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>January 1, 2023</i>	38a-591j
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INS *Joint Favorable*